

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

Karen L Haislip

Case No. 16-31642

Debtor(s)

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 10/04/2016.
- 2) The plan was confirmed on NA.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was converted on 12/07/2016.
- 6) Number of months from filing to last payment: 0.
- 7) Number of months case was pending: 3.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$18,200.00.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$0.00
Less amount refunded to debtor	\$0.00

NET RECEIPTS: **\$0.00**

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$0.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$0.00
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION: **\$0.00**

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
PRESENCE SAINT JOSEPH MEDICAL	Unsecured	15,384.67	NA	NA	0.00	0.00
PRESENCE SAINT JOSEPH MEDICAL	Unsecured	2,599.84	NA	NA	0.00	0.00
ADVENTIST BOLINGBROOK HOSPIT/	Unsecured	372.57	NA	NA	0.00	0.00
MERCHANTS CREDIT GUIDE CO	Unsecured	1,617.50	NA	NA	0.00	0.00
MERCHANTS CREDIT GUIDE CO	Unsecured	5,378.59	NA	NA	0.00	0.00
ADVENTIST BOLINGBROOK HOSPIT/	Unsecured	373.57	NA	NA	0.00	0.00
METRO ADV RADIOLOGICAL SVCS I	Unsecured	161.00	NA	NA	0.00	0.00
MEDICAL BUSINESS BUREAU LLC	Unsecured	936.00	NA	NA	0.00	0.00
ESCALLATE LLC	Unsecured	1,018.50	NA	NA	0.00	0.00
DIGESTIVE HEALTH SERVICES SC	Unsecured	2,715.00	NA	NA	0.00	0.00
ASSOCIATED RADIOLOGISTS OF JOL	Unsecured	427.00	NA	NA	0.00	0.00
VILLAGE OF BOLINGBROOK	Unsecured	957.50	NA	NA	0.00	0.00
AEGIS SCIENCES CORPORATION	Unsecured	89.00	NA	NA	0.00	0.00
LOYOLA UNIVERSITY MEDICAL CEN	Unsecured	376.20	NA	NA	0.00	0.00
WINFIELD LABORATORY CONSULTA	Unsecured	121.00	NA	NA	0.00	0.00
COMPREHENSIVE PATHOLOGY SER'	Unsecured	70.50	NA	NA	0.00	0.00
LUMC PATIENT PAYMENTS	Unsecured	11,360.85	NA	NA	0.00	0.00
ADVOCATE GOOD SAMARITAN HOS	Unsecured	11,554.00	NA	NA	0.00	0.00
PRESENCE ST JOSEPH MEDICAL CEN	Unsecured	2,599.84	NA	NA	0.00	0.00
CREDIT COLLECTION SERVICES	Unsecured	50.00	NA	NA	0.00	0.00
GRANT & WEBER INC	Unsecured	500.00	NA	NA	0.00	0.00
ADVENTIST BOLINGBROOK HOSPIT/	Unsecured	43.00	NA	NA	0.00	0.00
DIGESTIVE HEALTH SERVICES SC	Unsecured	2,715.00	NA	NA	0.00	0.00
CARDIOLOGY INTERPRETTION II	Unsecured	25.00	NA	NA	0.00	0.00
MIDWEST DIAGNOSTIC PATHOLOGY	Unsecured	610.00	NA	NA	0.00	0.00
DUPAGE EMERGENCY PHYSICIANS	Unsecured	936.00	NA	NA	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
RADADVANTAGE ILLINOIS PC	Unsecured	726.00	NA	NA	0.00	0.00
RADADVANTAGE ILLINOIS PC	Unsecured	609.00	NA	NA	0.00	0.00
RADADVANTAGE ILLINOIS PC	Unsecured	40.00	NA	NA	0.00	0.00
RADADVANTAGE ILLINOIS PC	Unsecured	399.00	NA	NA	0.00	0.00
RADIOLOGIST OF DUPAGE SC	Unsecured	1,004.00	NA	NA	0.00	0.00
WINFIELD RADIOLOGY CONSULTAN	Unsecured	1,639.77	NA	NA	0.00	0.00
ASSOCIATED RADIOLOGISTS OF JOL	Unsecured	427.00	NA	NA	0.00	0.00
CADENCE HEALTH	Unsecured	10,433.69	NA	NA	0.00	0.00
JOLIET CENTER FOR CLINICAL RESE	Unsecured	300.00	NA	NA	0.00	0.00
CHICAGOLAND PAIN MGMT	Unsecured	294.00	NA	NA	0.00	0.00
AEGIS SCIENCES CORPORATION	Unsecured	89.00	NA	NA	0.00	0.00
ADVENTIST BOLINGBROOK HOSPIT/	Unsecured	2,147.89	NA	NA	0.00	0.00
ADVENTIST BOLINGBROOK HOSPIT/	Unsecured	372.57	NA	NA	0.00	0.00
PRESENCE HEALTH	Unsecured	9,590.00	NA	NA	0.00	0.00
ADVENTIST BOLINGBROOK HOSPIT/	Unsecured	108.10	NA	NA	0.00	0.00
SILVER CROSS HOSPITAL	Unsecured	2,805.00	NA	NA	0.00	0.00
WINFIELD LABORATORY CONSULTA	Unsecured	121.00	NA	NA	0.00	0.00
ADVENTIST HEALTH PARTNERS	Unsecured	45.00	NA	NA	0.00	0.00
CREDITORS DISCOUNT & AUDIT CO	Unsecured	722.00	NA	NA	0.00	0.00
ADVENTIST BOLINGBROOK HOSPIT/	Unsecured	300.00	NA	NA	0.00	0.00
HEART CARE CENTERS OF ILLINOIS	Unsecured	40.00	NA	NA	0.00	0.00
JOLIET RADIOLOGICAL SC	Unsecured	1,461.00	NA	NA	0.00	0.00
METRO ADV RADIOLOGICAL SVCS I	Unsecured	161.00	NA	NA	0.00	0.00
DEPENDON COLLECTION SERVICE II	Unsecured	2,109.00	NA	NA	0.00	0.00
EM STRATEGIES LTD	Unsecured	1,405.00	NA	NA	0.00	0.00
ADVENTIST BOLINGBROOK HOSPIT/	Unsecured	2,764.11	NA	NA	0.00	0.00
RADADVANTAGE ILLINOIS PC	Unsecured	337.00	NA	NA	0.00	0.00
CHICAGO HEALTH MEDICAL GROUP	Unsecured	388.00	NA	NA	0.00	0.00
ASSOCIATED RADIOLOGISTS OF JOL	Unsecured	427.00	NA	NA	0.00	0.00
NATIONWIDE CREDIT & COLLECTIO	Unsecured	36,691.60	NA	NA	0.00	0.00
NATIONWIDE CREDIT & COLLECTIO	Unsecured	21,034.40	NA	NA	0.00	0.00
COLLECTION PROFESSIONALS INC	Unsecured	310.00	NA	NA	0.00	0.00
JOSE VILLARREAL MD	Unsecured	61.13	NA	NA	0.00	0.00
MIRAMED REVENUE GROUP	Unsecured	12,736.89	NA	NA	0.00	0.00
MERCHANTS CREDIT GUIDE CO	Unsecured	890.00	NA	NA	0.00	0.00
MERCHANTS CREDIT GUIDE CO	Unsecured	596.00	NA	NA	0.00	0.00
SILVER CROSS HOSPITAL	Unsecured	2,125.30	NA	NA	0.00	0.00
CLINICAL NEUROSCIENCES SC	Unsecured	380.00	NA	NA	0.00	0.00
PRESENCE SAINT JOSEPH MEDICAL	Unsecured	15,984.00	NA	NA	0.00	0.00
RESURRECTION HEALTH CARE	Unsecured	36.95	NA	NA	0.00	0.00
EM STRATEGIES LTD	Unsecured	1,672.00	NA	NA	0.00	0.00
RUSH COPLEY MEMORIAL HOSPITAL	Unsecured	200.00	NA	NA	0.00	0.00
STATE BANK OF TEXAS	Secured	90,000.00	NA	NA	0.00	0.00
STATE BANK OF TEXAS	Secured	0.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$0.00	\$0.00	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$0.00	\$0.00	\$0.00

Disbursements:

Expenses of Administration	<u>\$0.00</u>
Disbursements to Creditors	<u>\$0.00</u>
TOTAL DISBURSEMENTS :	<u>\$0.00</u>

12) The trustee certifies that the foregoing summary is true and complete and all administrative matters for which the trustee is responsible have been completed. The trustee requests that the trustee be discharged and granted such relief as may be just and proper.

Dated: 12/28/2016

By: /s/ Glenn Stearns

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.